

Supplemental Application Data Sheet

Application Information

Application Number::	09/879,572
IA Filing Date::	June 12, 2001
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	1648
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	COXSACKIEVIRUS B4 EXPRESSION VECTORS AND USES THEREOF
Attorney Docket Number::	RAMSINGH=1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	UNITED STATES

Status:: Full Capacity
Given Name:: Arlene
Middle Name::
Family Name:: RAMSHINGH
Name Suffix::
City of Residence:: Glenmont
State or Province of Residence:: New York
Country of Residence:: UNITED STATES
Street of Mailing Address:: 34 Placid Lane
City of Mailing Address:: Glenmont
State or Province of Mailing Address:: New York
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 12077
Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES

Status:: Full Capacity
Given Name:: Sadia
Middle Name:: S.
Family Name:: HALIM
Name Suffix::

City of Residence:: ~~Norwalk~~New York
State or Province of Residence:: ~~Connecticut~~New York
Country of Residence:: UNITED STATES
Street of Mailing Address:: ~~25 Grand Street~~82 Beaver Street, #1009
City of Mailing Address:: ~~Norwalk~~New York
State or Province of Mailing Address:: ~~Connecticut~~New York
Country of Mailing Address:: UNITED STATES
Postal or Zip Code of Mailing Address:: ~~06854~~10005

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application		09/879,572	06-12-01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
-----------	----------------------	---------------	--------------------

Assignment Information

Assignee Name::	Arlene RAMSINGH
Street of Mailing Address::	34 Placid Lane
City of Mailing Address::	Glenmont
State or Province of Mailing Address::	New York
Country of Mailing Address::	UNITED STATES
Postal or Zip Code of Mailing Address::	12077